

AUTHORIZATION TO DEFER COMPENSATION RSA-1 DEFERRED COMPENSATION PLAN

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

****REMIT TO PAYROLL OFFICER****

Please type or print using black ink.

This form is to be used to begin, stop or change deferral amounts. Complete and submit this form to your **Payroll Officer** to begin deferring compensation. **DO NOT SUBMIT THIS FORM TO RSA-1 OR THE RETIREMENT SYSTEMS OF ALABAMA.** If enrolling in RSA-1, please make certain that your notarized **Member Record** form has been submitted to the RSA-1 Deferred Compensation Plan before submitting this form to your Payroll Officer.

TO: Payroll Officer

FROM: _____
First Middle/Maiden Last

Social Security Number: _____ - _____ - _____

Check one:

- ☐ weekly
☐ bi-weekly
☐ semi-monthly
☐ monthly

Please defer \$ _____ from my salary, and remit this amount to the
Amount

RSA-1 Deferred Compensation Plan.

Effective Date*: _____

Signature of Employee _____ Date _____

*Effective date may not be earlier than the first of the month following the date this form is submitted to the payroll office.